

# The Center For A Healthy Maryland MedChi's Foundation

- Physician Health/Professional Rehabilitation Programs
- Grants & Public Health
  - Maternal Mortality Review (for MedChi)
  - Physician Leadership Institute
- History of Maryland Medicine

# Maternal Mortality Review Program

# Background

- Grant from the Maternal and Child Health Bureau of DHMH to MedChi

## **Purpose:**

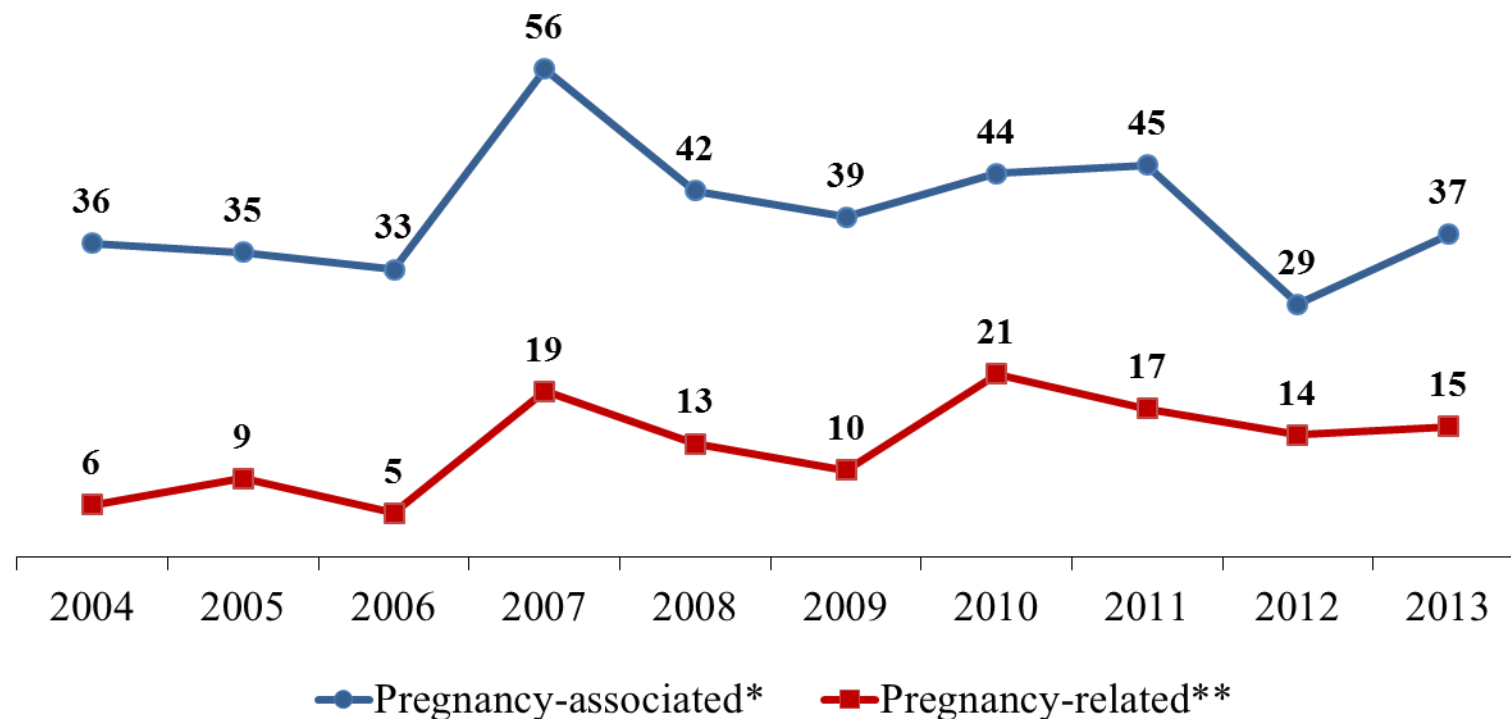
- Identification of maternal death cases;
- Review of medical records and other relevant data;
- Determination of preventability of death;
- Development of recommendations for the prevention of maternal deaths; and
- Dissemination of findings and recommendations to policymakers, health care providers, health care facilities and the public.

# Key Definitions Used to Identify Cases

- **Maternal death**- the death of a woman while pregnant or within 365 days of conclusion of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by pregnancy or its management but not from accidental or incidental causes.
- **Pregnancy-associated death**- the death of a woman while pregnant or within one year (365 days) of pregnancy conclusion, regardless of the cause of death.
- **Pregnancy-related death**- the death of a woman while pregnant or within one year of conclusion of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by her pregnancy or its management, but not from accidental or incidental causes.

\*The World Health Organization's (WHO) defines Maternal death as death of a woman while pregnant or within 42 days of conclusion of pregnancy.

# Number of Pregnancy-Associated & Pregnancy-Related Deaths, Maryland, 2004-2013

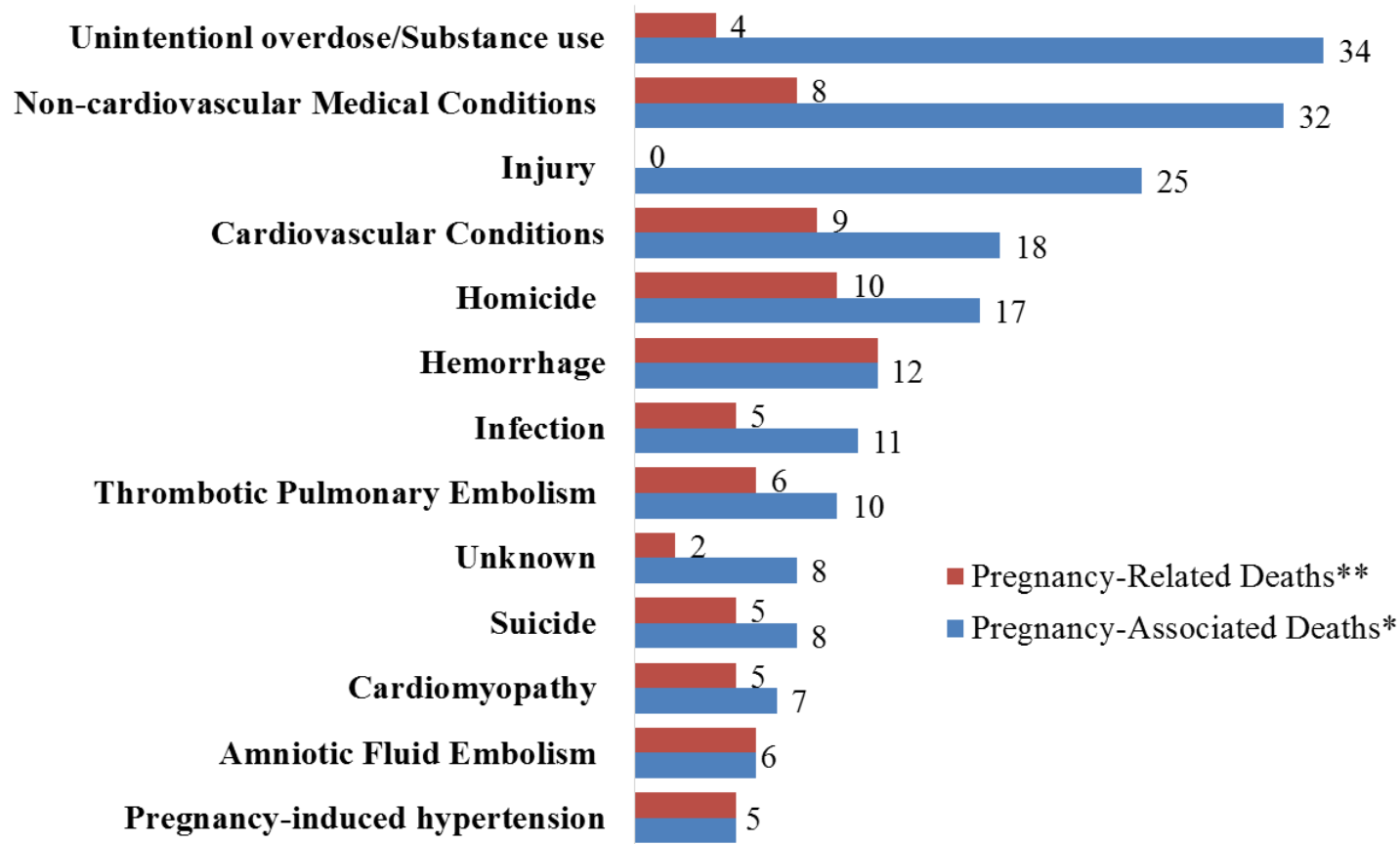


\* Number of deaths of women from any cause while pregnant or within 365 days of pregnancy

\*\* Number of deaths of women while pregnant or within 365 days of pregnancy from any cause related to or aggravated by pregnancy

Data Source: MD Department of Health and Mental Hygiene, Vital Statistics Administration; MD Maternal Mortality Review

# Deaths by Category of Cause of Death, Maryland, 2009-2013



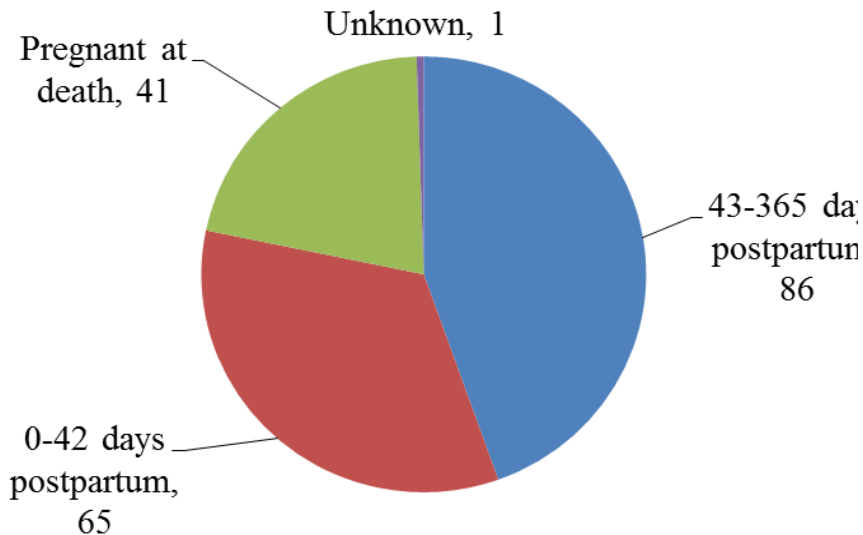
\* Number of deaths of women from any cause while pregnant or within 365 days of pregnancy

\*\* Number of deaths of women while pregnant or within 365 days of pregnancy from any cause related to or aggravated by pregnancy

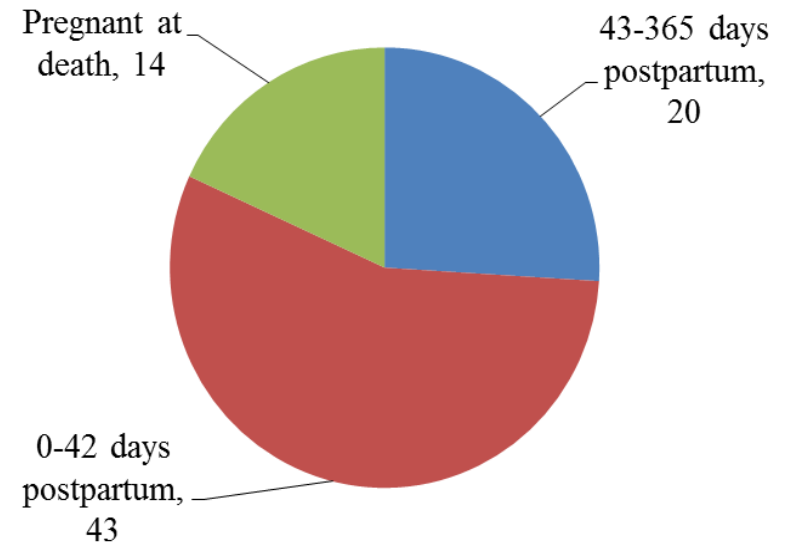
Category as determined by Maternal Mortality Review Committee. Data Source: MD DHMH, Vital Statistics Administration; MD Maternal Mortality Review

# Number of Deaths by Timing of Death, Maryland, 2009-2013

## Pregnancy-associated\*



## Pregnancy-related\*\*



\* Number of deaths of women from any cause while pregnant or within 365 days of pregnancy

\*\* Number of deaths of women while pregnant or within 365 days of pregnancy from any cause related to or aggravated by pregnancy

Data Source: MD Department of Health and Mental Hygiene, Vital Statistics Administration; MD Maternal Mortality Review

# Sample recommendations (from 2013)

Substance abuse, homicide, suicide	<ul style="list-style-type: none"><li>• Universal screening at least once during pregnancy, at delivery, and post partum.</li><li>• Documentation of screening tools used, referrals, and treatment plans.</li><li>• All women of reproductive age should be screened for conception intentions across all domains for access of care.</li><li>• Improve communication and collaboration between prenatal care providers and other providers/ specialist (primary care, family medicine, substance abuse, psychology, social workers, law enforcement, etc.)</li><li>• Behavioral health conditions need interdisciplinary treatment, not only medical.</li></ul>	<ul style="list-style-type: none"><li>• Create resource list of valid screening tools.</li><li>• Identify barriers of screening, documentation, and treatment (i.e.- parity and reimbursement).</li><li>• Promote reproductive life plans and advocate for integration of reproductive health screening (i.e.- would you like to be pregnant in the next year?)</li><li>• Promote providers' awareness of available resources and trainings on substance abuse, mental health and violence in pregnancy.</li><li>• Establish a liaison between MMR and the Maternal Mental Health Task Force.</li><li>• Raise awareness of behavioral health conditions outside of medical providers (i.e.- social workers, law enforcement).</li></ul>
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# Certificate Program in Physician Leadership

- Hybrid Program with online and live classes
- Goal: To provide physicians with practical leadership skills and tools
- First Cohort of 25 students now in session
- Physicians earn 16 CME credits and Leadership Certificate upon completion
- Next Cohort begins in September 2016 with 12 slots remaining

# Physician Health/Physician Rehabilitation Programs

- Hosted lecture by nationally renowned expert in addictions, Robert DuPont, M.D.,
- Will host Federation of State Physician Health Programs regional meeting in October
- Discounted service fees available to MedChi members
- Expanding services to other professionals on trial basis where those professional boards willing to contract for services